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FEC MAIL CENTER

**Committee Name:** 

DEMOCRATIC LIBERAL SUPER PAC OF MONTANA
If registered, FEC ID:

10/17/2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

ALEXANDER CLINTON

Alexander Class

, Treasurer

## STATEMENT OF

2012 OCT 25 AMILLIE

FORM 1		ORGANIZATION			FEECULALL CENTER		
1. NAME OF COMMITTEE (In	full)	(Check if name is changed)		nple:If typing, type the lines.	12FE4M		Myss Ob. 11 L. I
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ADDRESS (number ar	d street)	P. O. BOX 1	6194				
(Check if ad is changed)	dress	PLANTATIO	N		FL	33318	
			CITY		STATE	ZIP	CODE
COMMITTEE'S E-MA  (Check if is change)	address	s (Please provide only one DemocraticL		riress) ISuperPacs	<b>@gma</b> i	il.com	
COMMITTEE'S WEB	PAGE ADD	RESS (URL)					
(Check if is changed							
2. DATE 10° '17° '2012 '							
3. FEC IDENTIFIC	ation nu	MBER C					
4. IS THIS STATEM	MENT 🔀	NEW (N) OR		AMENDED (A)			
I certify that I have a		S Statement and to the be			is true, corre	ct and comple	te.
Signature of Treasure	er <u>/</u>	Alexander	de	ton	Date 1	O" ′ 17°	′ <b>20</b> 12
NOTE: Submission of		ous, or incomplete informatic ANY CHANGE IN INFORMA					of 2 U.S.C. §437g.
Office Use Only				For further Information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100			FORM 1 ed 02/2009)

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FEC Fo	rm 1 (Revised 02/2009)	Page 2			
	COMMITTEE				
Candidate	e Committee:				
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate					
Candidate	Office C C	State			
Party Affiliat	ion Sought: House Senate President	District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
Name of					
Candidate		<del> </del>			
Party Cor					
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Political A	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organizatioπ is a:			
<del></del>	Corporation Corporation w/o Capital Stock	Labor Organization			
		-			
	Membership Organization Trade Asseciation	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f) 🔀	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Euro	draising Representative:				
		0-1 A			
(9)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
Con	nmittees Participating in Joint Fundraiser				
1.	FEC ID number C				
2.	FEC ID number C				
<b>3</b> .	FEC ID number C				
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ITREASURER

Page 3 FEC Form 1 (Revised 02/2009) Write or Type Committee Name DEMOCRATIC LIBERAL SUPER PAC OF MONTANA Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, of Leaguership PAC Sponsor Mailing Address CITY STATE ZIP CODE Affiliated Committee **Joint Fundraising Representative** Leadership PAC Sponsor Relationship: Connected Organization Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. Full Name Mailing Address ANTATION <sub>[</sub>FL] CITY STATE ZIP CODE Title or Position Telephone number Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address STATE CITY Title or Position

\_|279, |\_|7552

Telephone number

FEC Form 1 (Re	wised 02/2009)		Page 4
Full Name of Designated Agent		<del>                                      </del>	
Mailing Address		<del>                                     </del>	
	CITY	STATE	ZIP CODE
Title or Position			
	<u>Tele</u>	phone number	<b></b>
safety deposit boxes or Name of Bank, Deposito		1111111	nds, holds accounts, rents
	PLANTATION	LL FL	33324
	CITY	STATE	ZIP CODE
Name of Bank, Deposite	ory, etc.	··· ··· ··· ·· · · · · · · · · · · · ·	
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Mailing Address			
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## Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR I The FEC added this page to the end of this filing	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
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USPS Priority Mail	Postmarked / O/22/12
Delivery Confirmation <sup>™</sup> or Signa	ture Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
N∈	ext Business Day Delivery
Received from House Records & Registration C	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
HO	10/25/12
PREPARER (3/2005)	DATE PREPARED